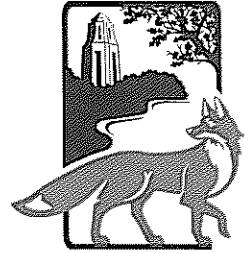


NON-REFUNDABLE

CITY OF ST. CHARLES

TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: (630) 377-4445

FAX: (630) 377-4440

Application to Tow for the City of St. Charles • This is Not a Contract
Return this application to the Mayor's Office

Name of Business _____ Business Phone _____

Address of Business _____

Applicant is: _____ Individual _____ Partnership _____ Corporation

List Applicant(s) Name Address Phone Date of Birth

If Applicant is a Corporation, list names, addresses, offices held and date of birth for all officers and directors

Name Address Office Date of Birth

Number of years business has been established in the City of St. Charles _____

Has Applicant (if partnership, any members thereof; or a corporation, the president or secretary thereof) ever been convicted of a felony? _____. If **Yes**, attach explanation to this Application.

Has Applicant submitted any prior application to tow for the City that has been revoked or suspended? _____

If **Yes**, attach explanation to this Application.

Does Applicant tow for any governmental agency in DuPage/Kane County?

If **Yes**, list governmental agencies and years of participation. _____

State the business activities of this firm aside from participation in police towing activities. _____

List the following for all attendants and drivers who will conduct the police towing service.

Name	Address	DL #	Yrs Employed w/Firm	Training Received	Class	Police Tow Experience
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Describe available equipment to be used in police towing services, particularly in terms of comparative qualities or capacities as related to minimum eligibility requirements. _____

Method of payment : _____ Cash _____ Credit Cards

Describe the communication system between the place of business and operating tow truck as well as the means utilized for ensuring prompt dispatch of trucks upon receipt of police department calls. _____

Describe the primary business location, including dimension and types of facilities available. _____

List storage lot location(s), zoning classifications, dimensions, relationship to primary business operation and type of protection provided at each lot. _____

Name, address and phone of the building or property owner, if not the Applicant, where business will be operated. _____

If property is leased, give length of lease and date lease expires. _____

Name, address and phone of insurance company. _____

Description and amount of insurance. _____

Policy Number. _____

Note: By signing this application, the Applicant agrees to all the provision of Chapter 10.58 of the Municipal Code of the City of St. Charles.

Applicant Signature: _____

For Office Use Only

Investigation Date _____ Investigator _____

Recommendation _____

Approval Date _____ Approved By _____